

**AUTHORIZATION FOR VETERAN'S DISABILITY RECORD**

**Monroe County Department of Human Resources  
210 County Office Building  
39 West Main Street  
Rochester, NY 14614**

SECTION I - APPLICANT MUST COMPLETE SECTION I. (Type or print in ink) FORWARD TO REGIONAL OFFICE OF VETERAN'S ADMINISTRATION WHERE DISABILITY CLAIM IS NOW ON FILE.

Date: \_\_\_\_\_

TO: Manager  
Veteran's Administration  
\_\_\_\_\_, New York.

I hereby authorize you to furnish the Monroe County Civil Service Commission with my medical and disability record. You are released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

Veteran's Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Number and Street) (City or Town) (State) (Zip Code)

Veteran's Administration Claim Number: \_\_\_\_\_

Service Serial Number: \_\_\_\_\_

Examination or eligible list for which preference is claimed:

Exam Number: \_\_\_\_\_ Title: \_\_\_\_\_

-----  
**DO NOT DETACH**

SECTION II - TO BE FILLED OUT BY THE VETERAN'S ADMINISTRATION.

Retain one copy and forward duplicate to:

Monroe County Civil Service Commission  
210 County Office Building  
39 West Main Street  
Rochester, NY 14614

Date: \_\_\_\_\_

V.A. Claim Number: \_\_\_\_\_

1. Does the above veteran have a war-incurred disability now in existence: Yes ☐ No ☐
2. Is he/she receiving disability payments from the V.A. for such disability: Yes ☐ No ☐
3. State percentage of war-incurred disability now in existence. \_\_\_\_\_%
4. Description of such disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Date of last medical examination by the VA Medical Officer in connection with such disability: \_\_\_\_\_

IF THE DATE IN ANSWER TO QUESTION 5 IS LESS THAN ONE YEAR AGO, DO NOT ANSWER THE FOLLOWING QUESTIONS:

6. Does the VA state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, notwithstanding the fact that such claimant has not been examined by a Medical Officer of the VA within one Year?

Yes ☐

No ☐

7. Date of next scheduled medical examination by the VA: \_\_\_\_\_

8. REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Regional VA Office